

Employee Benefits Program

2021 Dental Insurance
Single coverage as low as \$31.81



6 Dental plans available All 6 plans offer		3 CONTRIBUTORY PLANS 75% Participation Required			3 VOLUNTARY PLANS Minimum participation of 1 employee		
Coverage Category	Covered Services	Contributory Plan 1	Contributory Plan 2	Contributory Plan 3	Voluntary Option 1	Voluntary Option 2	Voluntary Option 3
Coverage A:	Diagnostic & Preventive Evaluations, X-rays, Oral cancer screenings, Routine cleanings, Fluoride treatments, Space maintainers, Sealants	100%	100%	100%	100%	100%	100%
Coverage B:	Basic Restorative COMPOSITE FILLINGS Anterior & Posterior, Surgical and routine extractions, Root canals, Periodontal Cleanings, Treatment of gum disease, Denture repair, Emergency palliative treatment	80%	50%	70%	80% After a 6 month waiting period**	60% After a 6 month waiting period**	70% After a 6 month waiting period**
Coverage C:	Major Restorative Bridges, Onlays, Dentures, Implants, Crowns	50% After a 6 month waiting period*	50% After a 6 month waiting period*	50% After a 6 month waiting period*	50% After a 12 month waiting period**	50% After a 12 month waiting period**	50% After a 12 month waiting period**
Coverage B and C combined deductible per person / family:		\$50/\$150 Annually	\$50/\$150 Annually	\$25/\$75 Annually	\$100/\$300 LIFETIME	\$75/\$225 LIFETIME	\$75/\$225 LIFETIME
Coverage A-B-C combined maximum per person/ calendar year:		\$1,500	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000
Coverage D: Orthodontics	Orthodontics Correction of Malposed (crooked) teeth for Adults & Children to age 19	NOT COVERED	NOT COVERED	NOT COVERED	50% up to a Lifetime Maximum of \$1,000 per person After a 24 month waiting period**	NOT COVERED	50% up to a Lifetime Maximum of \$1,500 per person After a 24 month waiting period**
NETWORK OPTIONS		PPO+Premier	PPO+Premier	PPO+Premier	PPO+Premier	PPO+Premier	PPO+Premier
DoubleUp Maximum – allows accumulation of up to \$250 in additional annual benefits for use in future coverage periods		INCLUDED			INCLUDED		
Monthly Rates *** **Include MMTA CSP Admin Fee \$1.20 Single/\$3.00 Double *** - Waiting Period Waived for New Groups with similar Prior Group Dental Coverage	Single Two Person More Than 2	Contributory*** Plan 1 \$41.95	Contributory*** Plan 2 \$31.81	Contributory*** Plan 3 \$39.19	Voluntary*** Option 1 \$45.97	Voluntary*** Option 2 \$40.01	Voluntary*** Option 3 \$44.68
		\$104.37	\$78.83	\$96.62	\$78.33	\$67.17	\$76.17
		\$104.37	\$78.83	\$96.62	\$131.57	\$105.42	\$127.50

2021 Life/AD&D and Short-Term Disability Insurance

Different plans to meet a variety of needs



Choose from 2 Life/AD&D Plans
 Plan 1: Flat \$10,000 .415¢/\$1000 of benefit, or
 Plan 2: Flat \$25,000 .415¢/\$1000 of benefit
Dependent Life Insurance: \$0.85 per family unit/month
Monthly Administrative Fee Applies

Choose from 3 STD Plans
 60% of the basic weekly salary up to a maximum of
 Plan 1: \$150 week or Plan 2: \$300 week or Plan 3: \$500 week
 \$1.07/\$10 of benefit
Benefits begin 1 day Accident / 8 day Sickness – max 26 weeks